

VOLUME 2

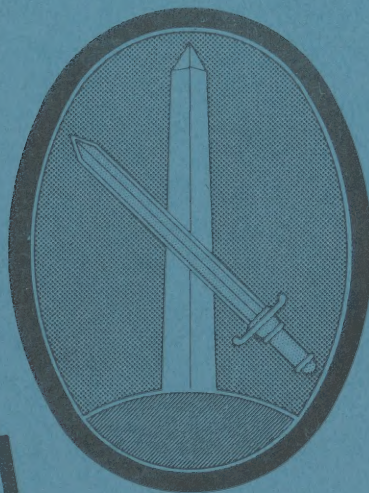
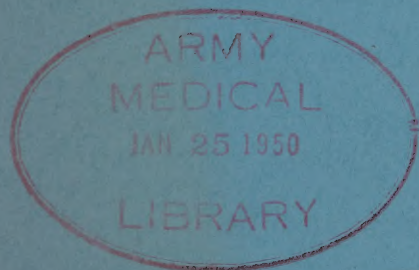
REPORT NO.12

DOCUMENT SECTION

RESTRICTED

# MONTHLY HEALTH REPORT

Military District of Washington



RESTRICTED

December 1949





# MONTHLY REPORT

## M D W

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## HEALTH



HEADQUARTERS, MILITARY DISTRICT OF WASHINGTON  
Room 1543, Building T-7, Gravelly Point  
Washington 25, D. C.

**RESTRICTED**

DECEMBER 1949  
Vol. 2, No. 12







## INTRODUCTION

This publication presents periodic health data concerning personnel of the Department of the Army in the Military District of Washington. It provides factual information for measurement of increase or decrease in the frequency of disease and injury occurring at each of the posts, camps or stations shown herein.

It is published monthly by the Military District of Washington for the purpose of conveying to personnel in the field current information on the health of the various military installations in this area and on matters of administrative and technical interest. Items published herein do not modify or rescind official directives, nor will they be used as the basis for requisitioning supplies or equipment.

Contributions, as well as suggested topics for discussion, are solicited from Medical Department officers in the field.

FLOYD V. KILGORE  
Colonel, MC  
Surgeon



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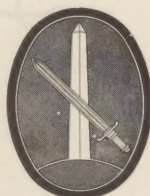
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# PREVENTIVE MEDICINE

## VITAL STATISTICS AND THE CALCULATION OF RATES

Vital Statistics is a relatively new phase of demography since the word "statistics" was first used about two hundred years ago, although before that time we know there were political arithmeticians in France, Italy and Greece.

What are Vital Statistics? What do we mean by the statistical method? The questions may be answered simply by the statement that statistics are really facts expressed by figures and the statistical method is the application of mathematical processes to those figures. Strictly speaking a case of disease or a death, although reported and officially recorded, is not a statistic but a vital fact. However, since sicknesses and deaths reported and officially recorded are counted and expressed numerically, it is common practice to consider such cases as a statistical unit or item.

Through the expression of facts by figures it is possible to arrange them in devious ways for study and comparison; for example, in tables, and graphs; to classify them; to make generalizations; to draw inferences and conclusions based on the facts. The various mathematical processes used for this purpose - that is "the statistical method" ranges from simple arithmetic to the calculus. The elaborate and involved, complicated mathematical methods and conceptions such as the laws of variation, dispersion, correlation, probability, chance and error have a place and a part in vital statistics but are not commonly used by the Army. The usual simple techniques do not go beyond the realm of ordinary grammar - school arithmetic - multiplication - division - addition - subtraction and they are quite generally used. It is in these simple techniques that we are particularly interested.

Many of us who do not like to work with mathematics are apt to say "Why must we study statistics? What good are they?" The answer of course is that this Army of ours is big and it is getting bigger, we have to deal with a great many facts and we will have to deal with many, many more. The statistical method enables us to abbreviate facts, to condense and concentrate them so that we can more readily study and compare them and find out what they mean. For example, the surgeon of a small command may know all his health facts. To compare these facts with similar facts for the next command, and the next, requires that the facts be reduced to figures. Statistics enable us to enlarge our horizon.

It is often said that with statistics one can prove anything and that figures lie. Obviously this is not so. Facts are facts whether or not they are expressed in figures. If the conclusions one draws are wrong the difficulty lies not in the statistics but in the way they are used. The drawing of conclusions is a function of the process of reasoning and faulty reasoning should not be charged to statistics. When figures are used to express facts, and the process of reasoning is applied to those figures, without at the same time considering the facts for which they stand, it is easy for fallacies to steal in without being recognized; it is too easy to compare figures that should not be compared to draw broad conclusions from data that is entirely too inadequate and to commit all sorts of errors.

It is of the greatest importance to any army that accurate records be kept of its capital asset, fighting strength, of its gains by enlistment and selection, and of its losses by sickness, injury, battle casualty and death, because an army's true wealth lies not in its arms and munitions; not in its tanks and planes; not in its supplies and communications, but in its healthy, hard hitting officers and men. Remember, a live well man to the army is worth many times more than a sick one, an injured or wounded one or a dead one. Therefore, in the military service the bookkeeping of vital resources - the number of men, their ages, their health, the rate of their sickness, injury or death - are matters of utmost importance to the officers of all branches of the army and perhaps more particularly to the medical officer due to his responsibility in connection with the health of the troops.

Vital statistics are useful for many purposes. They show the Army's growth; the flow and ebb of physical strength and life; the number and distribution of men. To the Medical Officer and the sanitarian they measure the soldier's health and reflect the sanitary and hygienic conditions of the soldier's environment. Vital statistics are invaluable and absolutely necessary to the efficient prosecution of an epidemiologic survey or study. They should not be collected and stored for use as historical records of past events, rather they should be put to the more important use of foretelling the future health situation of a community be it civilian or military in character.



## PREVENTIVE MEDICINE

Particularly is this true of the statistics of morbidity.

The health officer of a community or the surgeon of a military command should immediately study and analyze statistics throughout their development, observe their trends; compare them with those of past similar periods. By doing this the surgeon of a command often will be forewarned of an onrushing epidemic and will be able to take the steps necessary to arrest the progress of the threatening siege of disease. Through simple analogy one may say that vital statistics are to a military surgeon as the ticker tape is to the stock broker, the fire alarm to the fire chief or the meteorological observations to the weather-forecaster.

Generally speaking the vital statistics of the military medical service are compiled and computed in much the same manner and by the same method as those in civilian practice. However, in any statistical study, military statistics should never be compared with civilian statistics. The reason for this statement should be obvious.

1. Military statistics are specific in character. In other words, the Army is a select population group - all males, between certain well defined ages and above definite minimum standards of health and physique.

2. The army population, or strength as we call it, does not progress in geometrical proportions as does the general populace. It is, in fact, more or less static except for such periods of rapid expansion or contraction as occur during mobilization and subsequent demobilization.

3. Army regulations require the careful reporting of all sickness, injuries, and wounds. In civilian life the duty of reporting cases of infectious disease rests upon the practicing physician, and thereby hangs a tale that is both sad and discouraging. Then too, there is no responsibility placed in civilian life for the reporting on non-infectious disease, surgical cases, etc.

4. Vital Statistics of the Army may reflect certain diseases, depending on the theatre of operations, that until this time have not been evidenced to any great extent in our civilian population. I refer to the war time diseases, such as typhus fever, relapsing fever, trench fever; scurvy, cholera; dysentery, etc.

5. The concentration of men into camps and cantonments; on crowded trains and transports; brings together large numbers of non-immunes which produces high rates of disease incidence. In civilian life these same non-immunes would not be likely to come together with such disastrous results. Certainly, our population has not experienced, and God grant that it may never experience, the horrors of a concentration camp as is common under the rule of the despotic dictators.

How does the Medical Department of our Army function with regard to vital statistics and what are its responsibilities? The Medical Department is charged with the preparation and proper disposition of reports and records pertaining to activities of the department. Furthermore, the department, under the direct supervision of the Surgeon General, is responsible for the collection of records of sick and wounded in the Army and compilation of vital statistics therefrom. Army Regulations (40-210) state that surgeons of stations and commands are responsible for the collection, tabulation and graphical presentation of information concerning the incidence of communicable diseases. Tables and charts showing the movement of communicable diseases in commands will be kept available at all times for inspection by commanding officers and inspectors. Army Regulations (40-270) also place responsibility upon medical inspectors of stations and divisions for formulating and keeping such statistical charts and reports as will show health conditions and the incidence of diseases in the command. A similar responsibility is placed on medical inspectors of higher echelons.

More specifically, the tables and charts that will be kept (AR 40-1080) are as follows:

1. Strength of the command.
2. Annual mean non-effective rate.
3. Absolute numbers of cases and annual admission rates per 1000 for:



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## PREVENTIVE MEDICINE

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- a. All causes.
- b. Diseases only.
- c. Neuropsychiatric cases.
- d. Venereal diseases.
- e. Common respiratory diseases.
- f. Diarrheal diseases.
- g. Such other diseases as the condition warrants or as may be designated from time to time by the Surgeon General, or by the surgeon of the theatre of operations (or expeditionary force) or of the Army command.

Statistical Rates may be either simple or compound. A simple rate is one in which the event or happening being measured or rated is expressed in terms of one factor such as group, time, space, or distance. Examples of simple rates are: gallons per day; deaths per 100,000; miles per hour; admissions per week. A compound rate is one in which the event or happening being measured or noted is expressed in terms of two or more factors such as group and time; space and time; group and space and distance. Examples of compound rates are: gallons per person per day; deaths per 100,000 per year; tons per acre per day per foot of depth; admissions per 1000 per month.

Army Regulations prescribe that statistical rates, used to report the incidence of morbidity and mortality, shall be the number of times a certain event occurs in a definite group during a specific period of time, or more specifically that they shall be rates per 1000 per annum. Why be so meticulous in setting down this requirement? Perhaps this illustration will explain the reason therefor.

Let us take two camps X and Y situated some distance apart and let us say that there were 75 deaths at Camp X and 32 at Camp Y. Those individuals uninitiated to statistics might well deduce from the standpoint of life and health, that Camp Y was a safer and healthier place to live, in fact, if they were stationed at X they might seek a transfer to Y. If on closer investigation it is found that Camp X had a strength (or population) of 5000 and Camp Y a strength of 2000, it becomes evident that the death rates at X and Y, respectively were 15 per 1000 and 16 per 1000. So that on second consideration it would appear that Camp X, contrary to first thoughts, was a slightly more desirable spot to be. But let us look at the records again and it is found that the 75 deaths at X occurred during a 4 month's period while the 32 at Y happened over 3 months. We then find that the death rates of X and Y, respectively, are 45 per 1000 per annum and 64 per 1000 per annum. It is now quite evident that the first decision as to the relative health and safety of the two camps was completely erroneous, that X and not Y was the better of the two camps.

As a result of this illustration, it should be clear that statistical reports from various places, for comparative purposes, must be reduced to common terms; also, that absolute numbers are valueless and must be reduced to a common basis. This common basis for comparison of military statistics is the common compound rate prescribed in regulations as rates per 1000 per annum. It should also be quite evident from the foregoing illustration that certain definite information must be at hand before one can proceed to the actual calculation of rates. The basic information required is:

- a. The frequency of the event being considered.
- b. The population involved.
- c. The period of time during which the frequency occurred.

The frequency figures may be obtained from records that are prepared and maintained at every military establishment attended by a medical officer, namely:

- 1. The register cards (DA AGO 8-24)



# PREVENTIVE MEDICINE

2. The weekly statistical reports (DA AGO 8-122)
3. The reports of the sick and wounded.

All of these records show absolute number by actual count and they are for the most part relatively accurate. The actual preparation of these records does not fall within the scope of this article. Full information concerning them and their preparation may be found in Army Regulations 40-1025 and 40-1080.

The population - or as we call it "strength" - is obtained from the Morning Reports of Daily Strength which are prepared by every unit in the Army. Relative to the daily strength, it may be accepted as quite generally true that this strength is subject to considerable variation, seldom remaining static for more than a few days at a time. Therefore, in determining the strength figure for a statistical period it is common practice to average the several daily strengths involved and obtain for the period in question "the average strength" or "the mean strength."

If we sought to determine a simple rate for disease incidence the formula might be expressed in this manner:

$$\text{Rate} = \frac{\text{Frequency}}{\text{Average Strength}}$$

This would give us the rate of disease incidence per man. To obtain the disease rate per 1000 men this formula would have to be multiplied by 1000; thus:

$$\text{Rate per 1000} = \frac{\text{Frequency} \times 1000}{\text{Average Strength}}$$

But this rate might be for any period of time from one day to one or more years. The time element has been omitted. If we now change to a compound rate by the introduction of a time factor consisting of the number of days, weeks, months or years in the period under consideration, the formula would appear as follows:

$$\text{Rate/1000} \begin{matrix} (\text{day}) \\ (\text{week}) \\ (\text{month}) \\ (\text{year}) \end{matrix} = \frac{\text{Frequency} \times 1000}{\text{ave. strength} \times \text{No. of}} \begin{matrix} (\text{days}) \\ (\text{weeks}) \\ (\text{months}) \\ (\text{years}) \end{matrix} \begin{matrix} \text{in the} \\ \text{period.} \end{matrix}$$

The rate we would obtain from a solution of this formula would be the incidence rate per 1000 per day (week, month, year) and to further reduce this to the common basis prescribed in Army Regulations it is only necessary to inject the number of days, weeks, months or years in one year and the formula in its final form becomes:

$$\text{Rate/1000/annum} = \frac{\text{Frequency for the period} \times 1000 \times \begin{matrix} (\text{days}) \\ (\text{weeks}) \\ (\text{months}) \end{matrix} \begin{matrix} \text{in} \\ \text{one} \\ \text{year} \end{matrix}}{\text{Average strength for the period} \times \begin{matrix} (\text{days}) \\ (\text{weeks}) \\ (\text{months}) \end{matrix} \begin{matrix} \text{in} \\ \text{the} \\ \text{period} \end{matrix}}$$

Rates should be computed accurately to one decimal place. In making reports, however, only the nearest whole number is used.

This formula is most flexible and may be applied to any computation requiring a rate per 1000 per annum. To illustrate its use let me assume a few figures and compute some rates.

1. 15 days                      5 cases                      ave. strength 500

$$\frac{5 \times 1000 \times 365}{500 \times 15}$$



# PREVENTIVE MEDICINE

$$\frac{1,825,000}{7500.}$$

243.3 is the rate /1000/annum

2.      4 weeks                      30 cases                      ave. strength 750

$$\frac{30 \times 1000 \times 52}{750 \times 4}$$

$$\frac{1,560,000}{3000}$$

520 is the rate /1000/annum

3.      1 month                      42 cases                      ave. strength 1680

$$\frac{42 \times 1000 \times 12}{1680 \times 1}$$

$$\frac{504,000}{1680}$$

300 is the rate /1000/annum

While the use of this formula has been demonstrated for periods of days, weeks, and months in order to show its flexibility, in actual practice you will seldom, if ever, be required to use it for other than a one, four or five week period. The reason for this is that the regulation pertaining to the statistical report 86 ab. clearly states that the report period shall be from midnight Friday of one week to midnight Friday of the succeeding week. Also in the preparation of statistics on a monthly basis the statistical period runs from midnight of the last Friday of one month to midnight of the last Friday of the succeeding month, which of course is either 4 weeks or 5 weeks, depending on the calendar.

Having performed these calculations of rates of morbidity and mortality, let us turn our attention and thoughts toward other rates used in the vital statistics of the military medical service.

Histories of some of our earlier wars refer to the use of an "effective rate" which was used by commanders of the combatant arms to determine the actual number of men physically fit for duty. In the Medical Department, however, while we are interested in the actual number of men fit for duty, we are probably more interested in the "non-effective rate" which indicates the men not physically fit for duty. In other words, the "non-effective rate" is indicative of the operating or treatment load placed upon the medical service.

The non-effective rate is a daily rate. It represents the number of men sick in hospital or quarters per 1000 strength on the day for which it is calculated or it may be calculated over a number of days to determine the average daily non-effective rate.

The formula for this rate may be expressed as follows:

$$\text{Non-effective rate/1000/day} = \frac{\text{Total man-days lost in period} \times 1000}{\text{Ave. strength} \times \text{No. of days in the period.}}$$

A man-day lost is the same as a patient-day in a hospital. For example, one man in the hospital for one day represents a man-day lost; two men sick in quarters for one day represents 2 man-days lost; two men sick in quarters and 2 men sick in hospital for 2 days is 8 man-days lost. The total man-days lost may be obtained directly from the weekly statistical reports 86 ab. Or if this is not available the total man-days lost may be developed by totalling the daily number of men



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## PREVENTIVE MEDICINE

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sick in hospital and quarters for the period under consideration.

To illustrate the use of this formul let us assume a few figures and compute some rates.

1. 21 men sick on one given day                      ave. strength 840

$$\frac{21 \times 1000}{840 \times 1}$$

$$\frac{21000}{840}$$

25 is the non-effective rate.

2. During a one week period the number of men sick in hospital and quarters each day were 8, 10, 7, 5, 5, 7, 10 respectively. The ave. strength was 1600.

$$\frac{52 \times 1000}{7 \times 1600}$$

$$\frac{52000}{11200}$$

4.64 is the non-effective rate.

MEDICAL FIELD SERVICE SCHOOL. MARCH 1948

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## NURSING DIVISION

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### NEUROPSYCHIATRIC NURSING COURSE

Class number 5, Neuropsychiatric Nursing will be conducted 24 weeks, from 6 March 1950 to 18 August 1950, at the Medical Field Service School, Brook Army Medical Center, Ft. Sam Houston, Texas.

The purpose of this course is to prepare members of the Army Nurse Corps to assume nursing responsibilities on wards for patients with psychiatric and neurologic illness and to function as instructors to other nurses and enlisted men in an on-the-job training program.

#### Prerequisites:

Must be a member of the Army Nurse Corps and interested in psychiatric nursing.

Must be emotionally stable and well-adjusted and have demonstrated a fitness for psychiatric nursing.

#### Scope of Technical Instruction:

Introduction to theories of abnormal reactions; orientation to personnel management; clinical psychologist in the neuropsychiatric team; medical aspects of atomic warfare; principles of atomic energy; tactics and techniques of atomic warfare; physical medicine in the Army; basic neurology; clinical demonstrations; clinical neurology; legal aspects of psychiatry; psychiatric therapy; specific behavior deviations and deficiencies; introduction to individual and group psychotherapy; neuropsychiatrist in the neuropsychiatric team; clinical application; nursing aspects of neuropsychiatry; nursing conferences and discussion groups; nursing procedure demonstrations and teaching practice periods; practical application (neurology); practical application (psychiatry); neuropsychiatric nurse in the neuropsychiatric team; treatment resources; psychiatric social work as related to neuropsychiatric nursing; and psychiatric social workers in the neuropsychiatric team.



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## DENTAL SERVICE

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### RECORD OF PRECIOUS DENTAL METALS AND ALLOYS

An accurate record of precious dental metals and alloys received, expended, and on hand is kept by dental officers responsible for the use of such materials. There being no officially prescribed form, the record is kept on WD AGO Form 10-112, Property Record, which is slightly modified to fit the purpose. To alter this standard form for the purpose, it is necessary to draw perpendicular lines dividing each of the last three columns (Received, Issued and Balance) on the form, in order that amounts may easily be shown in pennyweights (dwt) and grains (gr.).

A separate record must be kept for each individual item of the following material on hand; casting gold, gold foil, gold solder, gold wire, lingual bars, and platinum. A separate form is made out and maintained for each stock or catalog number, showing description or nomenclature of the item and unit of issue, such as "bottle, box, or each." As a part of the nomenclature of the item which is set down under "Description" on the form we find the number of pennyweights (dwt) of the item and not as the number of units of issue. For example: An item, the nomenclature of which is "Wire, Gold Alloy, Round, 18 Gage, 4 dwt;" and the unit of issue of which is "Each" would be entered in the "Received" column as dwt. The only exception to this principle being the required entry in the case of prefabricated lingual bars and lugs (bar, Lingual, Gold Alloy, Long: Bar, Lingual, Gold Alloy, Medium: and Lugs, Anchor, 1 oz.) which need only be recorded as the number of such items received, expended, and on hand. The record will show the amounts received and issued (expended) with the dates thereof, the voucher number, and the balance on hand after each entry. Thus, it is seen that all entries of either receipt or expenditure must be supported by a voucher as shown by the number which is entered on the record, and that we have a running balance which shows the amount on hand at all times. Material containing precious dental metals and alloys received from the medical supply officer will be entered on the form appropriate to the type of material received, showing the date of receipt, voucher number, amount received, and the resulting balance. The voucher number in this case is that entered on the Property Issue Slip, WD AGO Form 446, by the medical supply officers, or the slip may be given a number by the dental officer which might be one of a series of numbers set aside for recording such materials when received. Dental gold and platinum wire (precious dental metals and alloys) will be issued to the dental officer as required, and upon proper request by the medical supply officer who will at such time be relieved of accountability for those items, and the dental officer becomes responsible for their proper use and care.

As materials are expended in the fabrication of appliances, inlays, gold foil fillings, crowns, bridges, partial dentures, etc., the Prosthetic Case Record, WD AGO Form 8-143, is given a voucher number and the amounts of precious dental metals and alloys so expended (issued) in pennyweight and grains and the balance on hand are shown in much the same manner as in the case of received material.

Each record, which means each individual record for each type of precious dental metal and alloy on hand, will bear a monthly certification as to correctness, executed by the responsible dental officer on the record itself. This certification will require that a monthly inventory be made of all such materials to properly certify as to the correctness of such amounts on hand. Each record also is subject to a monthly inspection and verification by a disinterested medical department officer. While no definite time for the retention of such records is stated in official publications, it may be logically assumed that they should be kept until such time as the responsible officer is relieved from responsibility for such materials by departure from that station or change of assignment.

### IMMUNIZATION REGISTER

The immunization register, WD AGO Form 8-117, is a record of considerable importance to military persons since it records dates of all required immunizations, blood type, drug sensitivity, etc. It also provides spaces in which to record the spectacle prescription of the individual, if any. There is space provided for the recording of dentures present. The dental officer is charged with keeping this section of the record up-to-date. Only full and partial dentures are to be recorded. Indication will be made if such denture or dentures were present when the individual was inducted or ordered to active duty. It is the responsibility of the dental officer to see that all newly inserted dentures are recorded on this form together with the date of insertion. In addition, if a dental officer observes a denture which has not been so recorded on the WD AGO 8-117, he will be responsible that proper recording is made. The dental officer upon inserting a new denture or



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## DENTAL SERVICE

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upon discovery of one present which has not been recorded previously, will call the individual's personnel officer who will transcribe the information to the record copy and cause the original to be returned to the individual.

MEDICAL FIELD SERVICE SCHOOL - 13 APRIL 1949

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## VETERINARY SERVICE

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### THE DANGER OF SODIUM FLUOROACETATE (COMPOUND 1080) AS A RODENTICIDE

Recently reports have been made from various parts of the country on a number of dogs and cats dying suddenly with symptoms resembling poisoning. Those examined shortly before death and at time of autopsy exhibited symptoms associated with sodium fluoroacetate poisoning. In each area where these deaths occurred, sodium fluoroacetate had recently been used as a rodenticide.

Sodium Fluoroacetate, commonly known as Compound 1080, is reported as a very effective rodenticide. However, it is extremely poisonous to vertebrates, including man, dogs and cats and when used should only be handled by responsible and qualified personnel experienced in rodent control procedures.

Compound 1080 is a white, odorless powder, slight salty in taste and highly soluble in water. It is quickly absorbed from the digestive tract. The rapid absorption is a distinct disadvantage in the treatment of accidental poisoning in man and animals, since lethal amounts enter the body systems before initial symptoms are noted.

Accidental poisonings in human beings are possible since sodium fluoroacetate may be mistaken for some common food stuffs. Its property of being tasteless and odorless make it possible for it to be a contaminant of food and water to be consumed without early recognition. This fact, together with the known toxicity towards man, are extremely important, especially since there is no known antidote for this poison.

The secondary hazards to dogs, cats, pigs and carnivorous wild animals following the use of Compound 1080 as a rodenticide is significant. Precautions such as keeping domestic pets tied up for a period of days after poison is placed, supplemented by carefully collecting and burning of all remaining bait that can be located still has not prevented accidental poisonings. It should be applied only by carefully instructed and reliable personnel, competently supervised. It should not be used in or near dwellings.

The first appreciable symptoms noted in 1080 poisoning in dogs is yelping as if the animal is in acute pain. This is followed in from one to ten minutes by an epileptiform convulsion, accompanied by barking. The initial convulsion lasts from five to ten minutes and is followed by a period of relaxation lasting several minutes. Alternate periods of tetanic-type convulsions and relaxation follow, each being of a shorter duration than the previous one, until the animal succumbs. Death occurs in from twenty to forty minutes following the first symptoms.

Compound 1080 exerts its actions on the myocardium and the central nervous system. Treatment of poisoning is entirely symptomatic including deep anesthesia to prevent convulsions and intravenous infusions of 5% dextrose in Ringers solution. All efforts at treatment have been ineffective once the final stages of poisoning have appeared.

In some areas where secondary poisonings of small animals have followed the use of sodium fluoroacetate as a rodenticide, health departments have discontinued the use of this product for this purpose.

#### References:

1. Instructions For Using Sodium Fluoroacetate (Compound 1080) As A Rodent Poison. - (Revised - October 1948) by Subcommittee Mammalogy of the Chemical-Biological Coordination Center of the National Research Council.
2. Report of Poisoning Two Dogs with 1080 Rat Poison (Sodium Fluoroacetate), by H. C. Nichols, E. F. Thomas, W. R. Brawner, and R.Y. Lewis, Page 355-356, Journal of the American Veterinary Medical Association, Volume CXV, Nov. 1949, No. 872.



# ADMINISTRATIVE DIVISION

## PERSONNEL NOTES

During the month of November 1949, the following medical personnel joined the Military District of Washington units indicated:

NAME	RANK	BRANCH	ORGANIZATION
Simmons, Elmer M.	Captain	MSC	7011 ASU Fort Myer, Va.

The following medical personnel departed from the Military District of Washington organizations indicated during the month of November 1949.

NAME	RANK	BRANCH	ORGANIZATION
Flinter, Marcus H.	Lt. Colonel	MC	7004 ASU, General Dispensary, USA - Transferred to Overseas Command
Levine, Leon	Captain	MC	7071 ASU, Fort Belvoir - Separated
Reed, Morton H. Jr.	Captain	MSC	7011 ASU, Fort Myer - Transferred to Air Force
Neff, Joseph K.	1st Lieutenant	ANC	7071 ASU, Fort Belvoir - Transferred to Walter Reed General Hospital-Det/Patients
Reiber, William E.	1st Lieutenant	MSC	7011 ASU, Fort Myer - Transferred to Overseas Command

## HOSPITAL MESS ADMINISTRATION (Data from WD AGO Form 8-210)

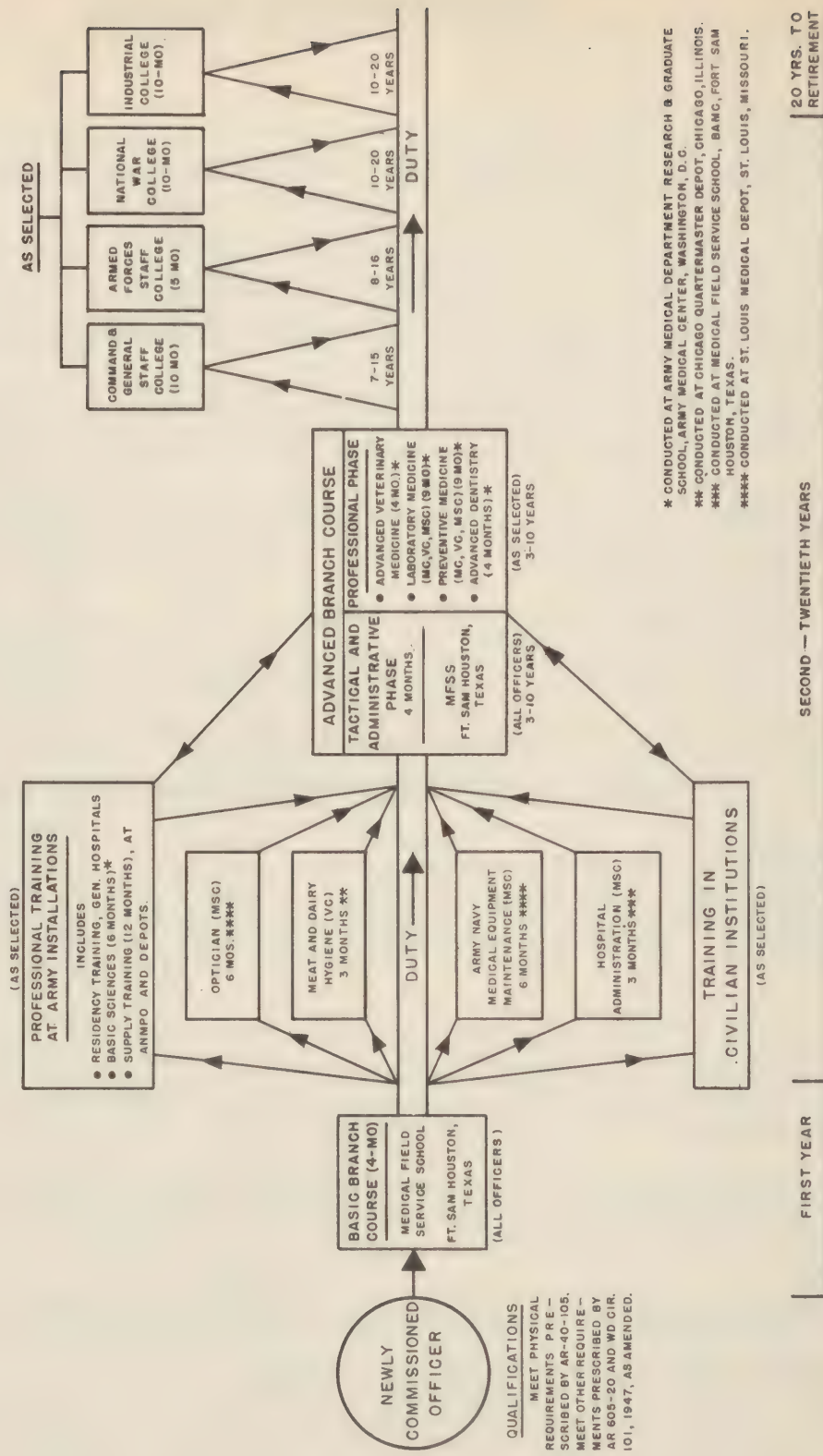
STATION	August 49	September 49	October 49	November 49
<b>FORT BELVOIR</b>				
Income per Ration	\$ 1.088	\$ 1.192	\$ 1.062	\$ 1.066
Expense per Ration	1.047	1.104	1.047	1.082
Gain or Loss	+ 0.041	+ 0.088	+ 0.014	- 0.017

## OUTPATIENT SERVICE

Consolidated statistical data on the outpatient service, Military District of Washington, less Walter Reed General Hospital for the four week period ending 25 November 1949, are indicated below:

<b>ARMY:</b>	<b>NON ARMY:</b>
Number of Outpatients..... 6,263	Number of Outpatients..... 3,529
Number of Treatments.....15,569	Number of Treatments.....12,904
NUMBER OF COMPLETE PHYSICAL EXAMINATIONS CONDUCTED..... 2,026	
NUMBER OF VACCINATIONS AND IMMUNIZATIONS ADMINISTERED..... 5,165	

## DEPT OF ARMY MEDICAL DEPARTMENT EDUCATIONAL SYSTEM FOR MALE MEDICAL DEPARTMENT OFFICERS





# PREVENTIVE MEDICINE

RESTRICTED

## GENERAL COMMENT

The health of the command continued to be satisfactory.

Unless otherwise indicated, reference to disease and injuries in this publication applies to all Class I and II installations exclusive of Army Medical Center, Walter Reed General Hospital. Rates are calculated on the basis of a thousand mean strength per year. Statistics presently reported by Army medical installations do include those Air Force personnel who are treated or hospitalized at the reporting unit on a casual basis, since reciprocal use of either service's medical installations is made. Air Force statistics are tabulated separately for units having Air Force personnel assigned.

The non-effective rate increased slightly over the October rate of 7.43 to 7.56 for the month of November. Days lost as a result of disease and injury totaled 3980 throughout November. This is some what higher than the 3847 days lost during October.

The total admissions for disease and injury in November were 423; of this number 365 admissions were for disease and 58 admissions for injuries. The admission rate for November for all causes was 293.3, which may be compared to the October rate of 317.1. The General Dispensary, USA, The Pentagon, continued to report the lowest rate for all causes with 182.4, and Fort Lesley J. McNair the highest with 548.7.

The incidence of injuries decreased from 68 cases in October to 58 cases throughout November.

The incidence of disease decrease from 384 cases in October with a rate of 269.9 to 365 cases and a rate of 253.1 in November. General Dispensary, USA, The Pentagon, reported the lowest rate of 174.8, and South Post, Fort Myer reported the highest with a rate of 513.1.

One death was reported by installations throughout the four week report period ending 25 November 1949.

## COMMUNICABLE DISEASE

Common respiratory disease rose in incidence during the month of November with 97 cases reported as compared with the 80 cases reported during the previous report period. The rate for November increased over the rate for October. The rates were 67.3 and 56.2 respectively.

Admission rates for pneumonia all types decreased during the November report period from 6.3, as was reported in October, to 4.8.

No cases of measles, mumps, scarlet fever or malaria were reported during November.

Diarrhea, influenza, tuberculosis, and other communicable diseases reflected a slight increase over the number reported in previous report periods.

Pertinent statistical tables may be found on pages 12 and 14.

RESTRICTED

**RESTRICTED****PREVENTIVE MEDICINE**

## GENERAL DATA

4 Week Period Ending 25 November 1949

(Data from WD AGO Form 8-122)

STATION	MEAN STRENGTH			DIRECT ADMISSIONS						Non-Effective Rate	Number of Deaths
	Total	White	Negro	All Causes		Disease		Injuries			
				Cases	Rates	Cases	Rates	Cases	Rates		
Fort Belvoir (A)	9,319	7,778	1,541	151	211.2	135	188.8	16	22.4	12.83	1
(AF)	177	177	0	5	368.2	3	220.9	2	147.3	17.55	0
Fort McNair (A)	975	888	87	35	467.9	24	320.8	11	147.1	2.45	0
(AF)	94	94	0	0	-	0	-	0	-	-	0
Fort Myer (A)	1,592	1,387	209	67	548.6	52	425.8	15	122.8	3.61	0
(AF)	0	0	0	5	-	5	-	0	-	-	0
South Post, Fort Myer (A)	1,829	1,829	0	77	548.7	72	513.1	5	35.6	3.46	0
(AF)	0	0	0	0	-	0	-	0	-	-	0
General Dispensary, USA (A)	3,431	3,399	32	48	182.4	46	174.8	2	7.6	1.42	0
(AF)	3,296	3,287	9	57	225.4	51	201.7	6	23.7	1.46	0
All Other (A)	1,652	1,652	0	45	355.0	36	284.0	9	71.0	1.97	0
(AF)	22	22	0	0	-	0	-	0	-	-	0
Total Mil Dist of Wash (A)	18,798	16,929	1,869	423	293.3	365	253.1	58	40.2	7.56	1
(AF)	3,589	3,580	9	67	243.3	59	214.3	8	29.0	2.41	0
AMC - Med. Det (Duty Pers)*	1,541	1,396	145	39	329.9	36	304.5	3	25.4	2.94	0
AMC - Det. of Patients*	847	755	92	75	1154.2	68	1046.5	7	107.7	981.70	4
AMC - Total (Army)	2,388	2,151	237	114	622.3	104	567.7	10	54.6	350.10	4
AMC - Total (Air Force)	424	399	25	35	1076.0	29	891.5	6	184.5	610.85	2
AMC - Total (A & AF)	2,812	2,550	262	149	690.7	133	616.5	16	74.2	389.42	6
Total Dept/Army Units	21,186	19,080	2,106	537	330.3	469	288.5	68	41.8	46.93	5
Total Dept/Air Force Units	4,013	3,979	34	102	331.3	88	285.8	14	45.5	66.69	2

\* Army and Air Force personnel included.

\* Army and Air Force personnel included.

## ADMISSIONS, SPECIFIED DISEASES - RATE PER 1000 PER YEAR

4 Week Period Ending 25 November 1949

(Data From WD AGO Form 8-122)

STATION	Common Respiratory Diseases	Pneumonia All Types	Pneumonia Atypical	Influenza	Measles	Mumps	Scarlet Fever	Tuberculosis	Rheumatic Fever	Diarrheal Disease	Hepatitis	Malaria	Psychiatric Disease
Fort Belvoir (A)	14	7	3	0	0	0	0	1	0	0	3	0	4
(AF)	0	0	0	0	0	0	0	0	0	0	0	0	0
Fort McNair (A)	2	0	0	0	0	0	0	0	0	0	0	0	0
(AF)	0	0	0	0	0	0	0	0	0	0	0	0	0
Fort Myer (A)	12	0	0	2	0	0	0	0	0	0	1	0	0
(AF)	1	1	1	1	0	1	0	0	0	0	0	0	0
South Post, Fort Myer (A)	25	0	0	1	0	0	0	0	0	2	0	0	0
(AF)	0	0	0	0	0	0	0	0	0	0	0	0	0
General Dispensary, USA (A)	24	0	0	5	0	0	0	0	0	0	0	0	0
(AF)	23	1	1	1	0	0	0	0	0	1	0	0	0
All Others (A)	20	0	0	0	0	0	0	0	0	2	0	0	0
(AF)	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Mil Dist of Wash (A)	97	7	3	8	0	0	0	1	0	4	4	0	4
(AF)	24	2	2	2	0	1	0	0	0	1	0	0	0
AMC - Med Det (Duty Pers)*	5	0	0	2	0	0	0	0	0	1	0	0	0
AMC - Det of Patients	0	1	0	0	0	0	0	0	0	0	0	0	0
AMC - Total (Army)	5	1	0	2	0	0	0	0	0	1	0	0	0
AMC - Total (Air Force)	0	0	0	0	0	0	0	0	0	0	0	0	1
AMC - Total (A & AF)	5	1	0	2	0	0	0	0	0	1	0	0	1
Total Dept/Army Units	102	8	3	10	0	0	0	1	0	5	4	0	4
Total Dept/Air Force Units	24	2	2	2	0	1	0	0	0	1	0	0	1

\* Army and Air Force Personnel Included.

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## VENEREAL DISEASE

Venereal disease rate among units within the Military District of Washington has continued a downward trend during the month of November.

The rate for November 1949 was 13.87, which may be compared to the October rate of 20.38. All units reported a lower rate during November, with the exception of Fort Myer. The General Dispensary, USA, The Pentagon has reported no cases of venereal disease for five consecutive months; Fort McNair is in second place with three consecutive months.

A total of 20 cases were reported during the four week period ending 25 November 1949. Of this total, 18 were reported at Fort Belvoir, and 2 at Fort Myer.

Of these 20 cases, 13 were incurred by white personnel with a rate of 10.01 per thousand troops per annum, and 3 cases were incurred by Negro personnel, with a resulting rate of 48.80.

Five of the said number of cases were reported as syphilis, 14 as gonorrhea, and one as others.

In order to enable non-professional personnel to more intelligently understand the rates of cases to personnel on duty at each designated station, we have undertaken in this issue to report the number of cases per 1000 men for this report period (November) in addition to the rate per 1000 men per annum which is not always clearly understood and is often misinterpreted.

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 Pertinent statistical tables and charts may be found on pages 14, 15, 16, and 17.  
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### NEW VENEREAL DISEASE CASES - EXCL EPTS - SEPTEMBER, OCTOBER, AND NOVEMBER

	Rate per 1000 per year	Rate per 1000 per year	Rate per 1000 per year	Cases per 1000 Troops
Fort Belvoir STATION	39.91 SEPTEMBER 49	OCTOBER 49	NOVEMBER 49	NOVEMBER 49
Fort Belvoir	39.91	37.18	25.18	1.931
Fort McNair	-	-	-	-
Fort Myer	-	-	16.38	1.256
South Post, Fort Myer	11.64	7.17	-	-
General Dispensary, USA	-	-	-	-
All Others	6.40	15.58	-	-
Total Mil Dist Wash Units	20.49	20.38	13.87	1.063
Army Medical Center - Total	33.15	11.69	27.29	2.093
Total Dept/Army Units, Mil Dist of Washington	23.35	19.45	15.38	1.180

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## PREVENTIVE MEDICINE

CHART 1

ADMISSION RATES BY MONTH, ALL CAUSES, COMMON RESPIRATORY DISEASE AND INJURY  
MDW RATE PER 1000 TROOPS PER YEAR

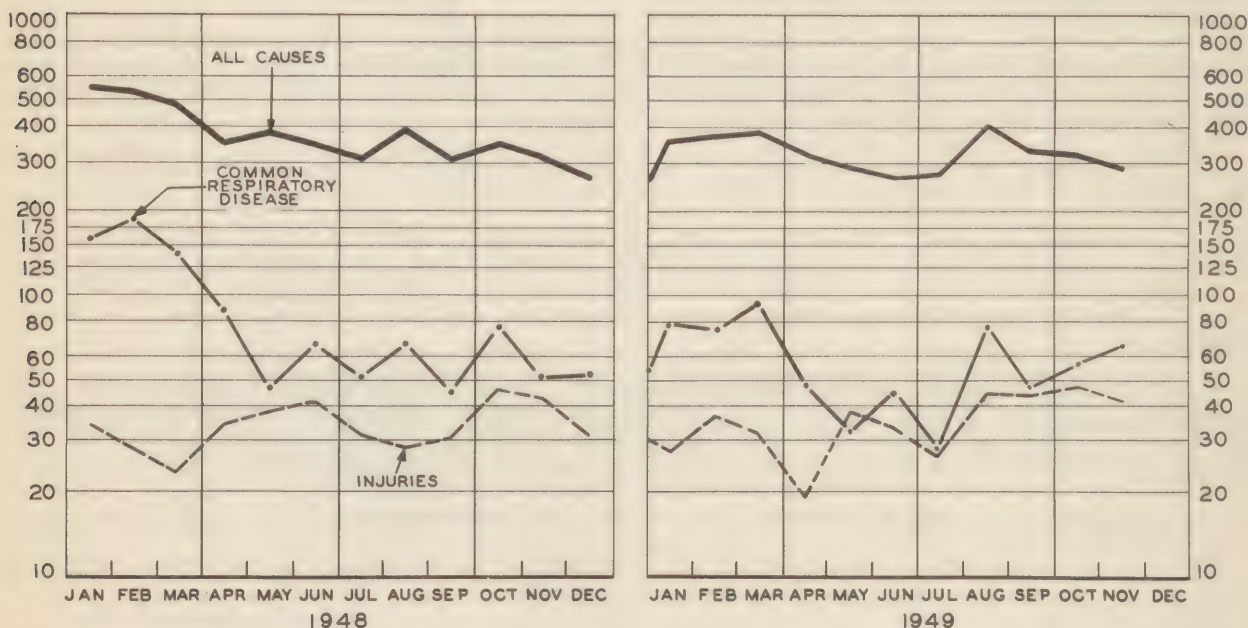
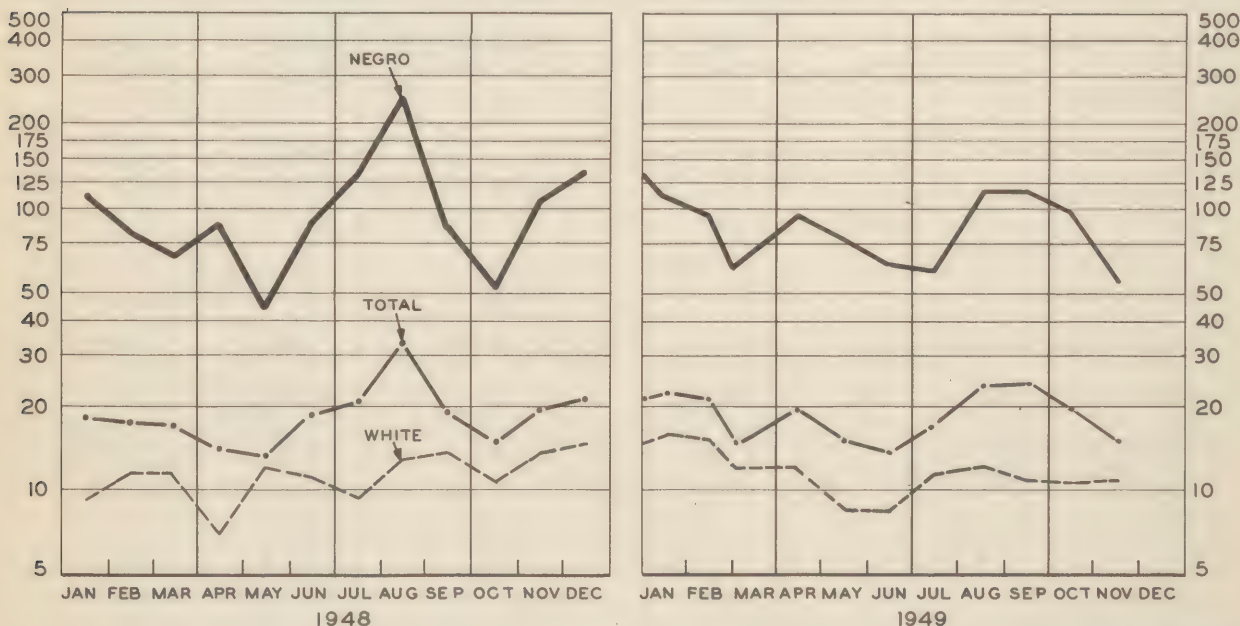


CHART 2

ADMISSION RATES BY MONTH VENEREAL DISEASES MDW INCL. ARMY MEDICAL CENTER  
RATES PER 1000 TROOPS PER YEAR  
INCLUDES ALL CASES REPORTED ON WD AGO 8-122 EXCEPTING THOSE EPTS



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# PREVENTIVE MEDICINE

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## CONSOLIDATED MONTHLY VENEREAL DISEASE STATISTICAL REPORT For the Four Week Period Ending 25 November 1949 (Data from WD AGO 8-122) (Chargeable Cases)

STATION	R A C E	Mean Strength	Number of Cases-EPTS Not Included				Rate per 1000 Troops per Annum	Total Days Lost From Duty (Old & New Cases)
			Syphilis	Gonorrhea	Other	Total		
Fort Belvoir	W	7778	3	8	1	12	20.11	34
	N	1541	2	4	0	6	50.75	29
	T	9319	5	12	1	18	25.18	63
Fort McNair	W	988	0	0	0	0	-	0
	N	87	0	0	0	0	-	0
	T	1075	0	0	0	0	-	0
Fort Myer	W	1383	0	1	0	1	9.43	0
	N	209	0	1	0	1	62.37	0
	T	1592	0	2	0	2	16.38	0
South Post, Fort Myer	W	1829	0	0	0	0	-	0
	N	0	0	0	0	0	-	0
	T	1829	0	0	0	0	-	0
General Dispensary, USA	W	3399	0	0	0	0	-	0
	N	32	0	0	0	0	-	0
	T	3431	0	0	0	0	-	0
All Others	W	1652	0	0	0	0	-	0
	N	0	0	0	0	0	-	0
	T	1652	0	0	0	0	-	0
Total Mil Dist of Wash	W	16929	3	9	1	13	10.01	34
	N	1869	2	5	0	7	48.82	29
	T	18798	5	14	1	20	13.87	63
Army Medical Center - Total	W	2151	1	2	0	3	18.18	182
	N	237	1	1	0	2	110.00	166
	T	2388	2	3	0	5	27.29	348
Total Dept/Army Units	W	19080	4	11	1	16	10.93	216
	N	2106	3	6	0	9	55.71	195
	T	21186	7	17	1	25	15.38	411

**RESTRICTED**

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## PREVENTIVE MEDICINE

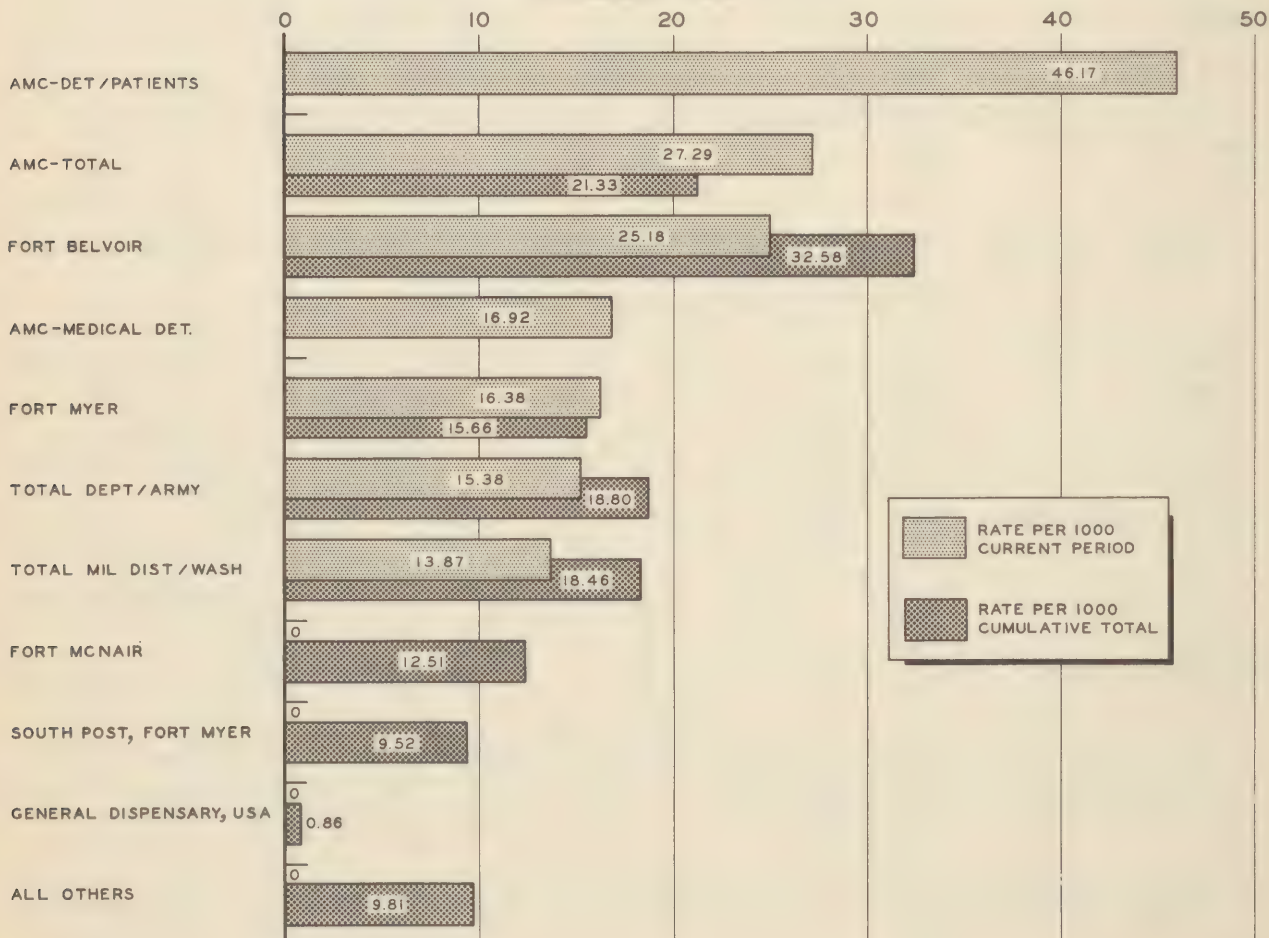
### VENEREAL DISEASE RATES FOR US\*

(All Army Troops)

	OCTOBER 1949	NOVEMBER 1949
First Army Area	15	11
Second Army Area	21	16
Mil District of Washington	19	15
Third Army Area	25	22
Fourth Army Area	16	17
Fifth Army Area	20	15
Sixth Army Area	22	20
Total United States	20	17

\* Compiled in the Office of the Surgeon General and includes General Hospitals.

### VENEREAL DISEASE RATES PER 1000 PER YEAR FOUR WEEK & CUMULATIVE TOTALS ENDING 25 NOVEMBER 1949 TOTAL WHITE & NEGRO PERSONNEL CHARGEABLE CASES



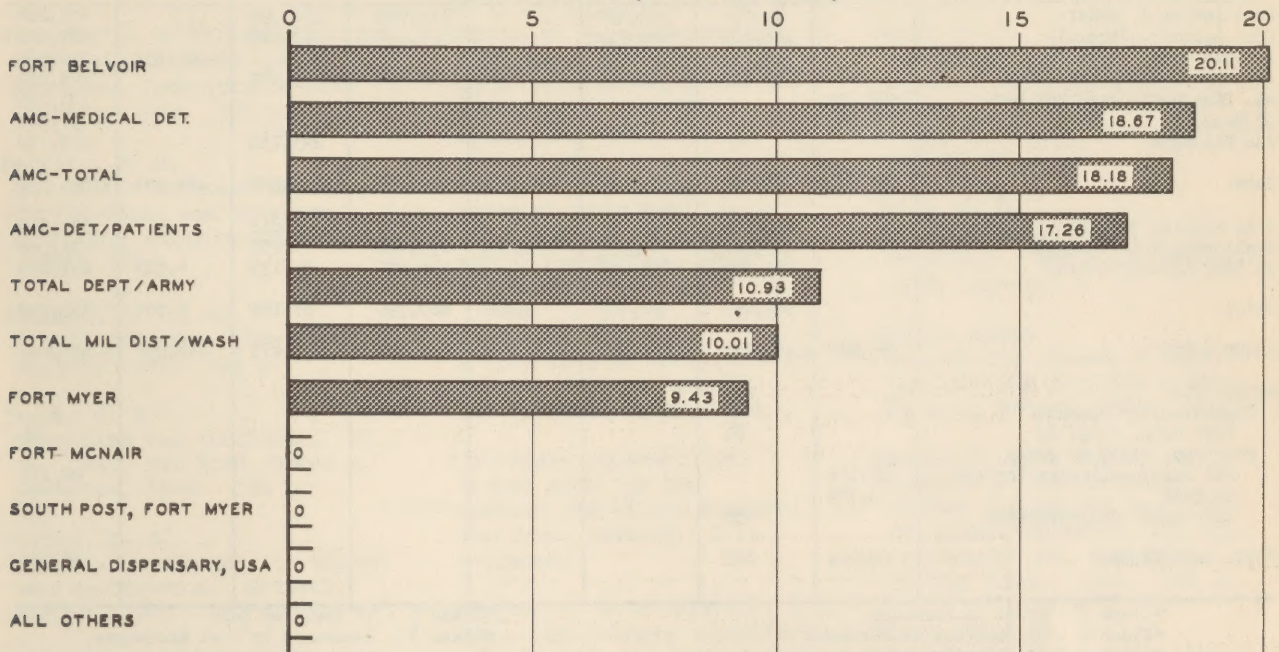
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## VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR

4 WEEK PERIOD ENDING 25 NOVEMBER 1949

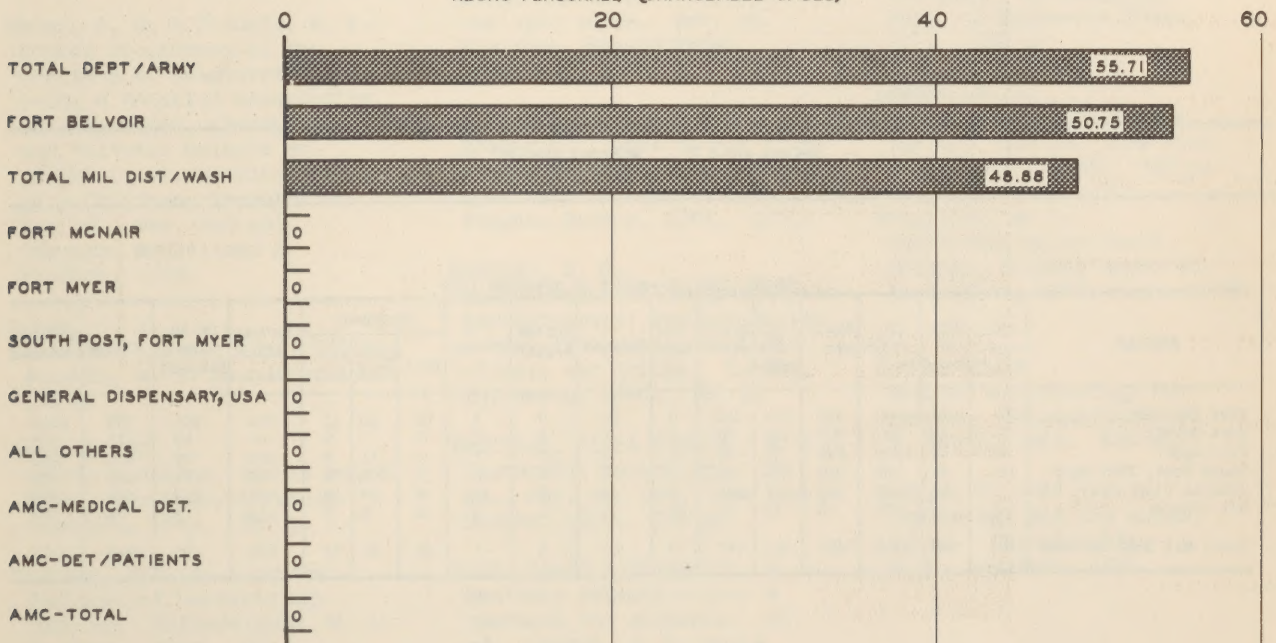
WHITE PERSONNEL (CHARGEABLE CASES)



## VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR

4 WEEK PERIOD ENDING 25 NOVEMBER 1949

NEGRO PERSONNEL (CHARGEABLE CASES)





# VETERINARY SERVICE

**RESTRICTED**

POUNDS MEAT AND MEAT FOOD AND DAIRY PRODUCTS INSPECTED NOVEMBER 1949  
(Data obtained from WD AGO Form 8-134)

STATION	CLASS * 3	CLASS * 4	CLASS * 5	CLASS * 6	CLASS * 7	CLASS * 8	CLASS * 9	TOTAL
Fort Lesley J. McNair		61,671	101,892		163,063	100,590		427,216
Fort Belvoir, Virginia		148,381	240,712		398,099	93,829		881,021
Potomac Yards Distribution Plant		325,135	152,749	405,327			134,353	1,017,564
Fort Myer, Virginia		187,995	182,750	36	368,406	9,079		748,266
Mil Dist/Washington Vet Det	328,196							328,196
US Navy	37,686							37,686
The Pentagon						245,730		245,730
Total	365,882	723,182	678,103	405,363	929,568	449,228	134,353	3,685,679
Army Medical Center		193,195	84,505		277,700	6,813		562,213
Washington Quartermaster		138,921	88,604	2,926	195,412	5,237		431,100
Bolling Air Force Base		173,134	195,187		416,687	55,135	4,503	844,646
Total		505,250	368,296	2,926	889,799	67,185	4,503	1,837,959
GRAND TOTAL	365,882	1,228,432	1,046,399	408,289	1,819,367	516,413	138,856	5,523,638
REJECTIONS:								
Insanitary or Unsound								
Fort Myer, Virginia		64						64
Not type, class or grade								
Mil Dist/Washington Vet Det	26,176							26,176
US Navy	3,773							3,773
Washington Quartermaster		357						357
TOTAL REJECTIONS	29,949	421						30,370

\*Class 3 - Prior to Purchase

\*Class 4 - On delivery at Purchase

\*Class 5 - Any Receipt except Purchase

\*Class 6 - Prior to Shipment

\*Class 7 - At Issue or Sale

\*Class 8 - Purchases by Post Exchanges,  
Clubs, Messes or Post Restaurants

\*Class 9 - Storage

# DENTAL SERVICE

DENTAL SERVICE--MONTH OF NOVEMBER 1949

STATION	Offi- cers	Days of Duty	Sit- tings	Amal- gam	Oxy and Amal	Sili- cate	In- lays	Bridges	Bridge Repair	Crowns	Dentures			Extrac- tions	Calcu- lus Removed	X-Rays	Exami- nations
											Full	Par- tial	Re- pair				
Fort Belvoir	9	261	1765	576	471	348	0	16	0	3	13	20	15	341	205	597	1015
Fort McNair	2	46	577	352	164	88	0	1	0	0	1	7	2	47	44	113	110
Fort Myer	2	31	906	276	77	60	0	0	2	3	1	11	2	102	22	601	230
South Post, Fort Myer	2	60	453	219	59	62	0	0	2	0	5	4	0	52	7	126	135
General Dispensary, USA	5	136	1421	569	137	147	0	2	0	1	9	20	12	104	211	583	706
All Others	1	29	276	88	60	42	0	0	1	0	0	0	0	39	3	29	189
Total Mil Dist of Wash	21	563	5398	2080	968	747	0	19	5	7	29	62	31	685	492	2049	2385

**RESTRICTED**



## ADMINISTRATIVE DIVISION

Selected list of titles received by Army Medical Library, Washington 25, D. C. which were published during the last three years.

- Association of Vitamin Chemists  
Methods of vitamin assay.  
New York, Interscience Publishers, 1947. 189 p.
- Babbitt, E. H.  
The pastor's pocket manual for hospital and sickroom.  
New York, Abingdon-Cokesbury, 1949. 160 p.
- Behrens, C. F., ed.  
Atomic medicine. New York, Nelson, 1949. 416 p.
- Benda, C. E.  
Mongolism and cretinism. 2d ed., rev. New York, Grune & Stratton, 1949. 316 p.
- Bergin, K. G.  
Aviation medicine; its theory and application. Bristol, Wright, 1949. 447 p.
- Boies, L. R. & others  
Fundamentals of otolaryngology; a textbook of ear, nose and throat diseases. Philadelphia, W. B. Saunders, 1949. 443 p.
- Brown, A. G. & Tisdall, F. F.  
Common precedures in the practice of paediatrics; being a detailed description of diagnostic, therapeutic, and dietetic methods employed at the Hospital for Sick Children, Toronto. 4th ed., rev. and enl. Toronto, McClelland & Stewart, 1949.
- Brown, A. F.  
Clinical instruction. Philadelphia, W. B. Saunders, 1949. 571 p.
- Brownell, C. L.  
Health problems, how to solve them. New York, American Book Co., 1949. 317 p.
- Burrows, William & others  
Textbook of bacteriology. 15th ed. Philadelphia, W. B. Saunders, 1949. 981 p.
- Cannon, W. B. & Rosenblueth, A.  
The supersensitivity of denervated structures; a law of denervation. New York, Macmillan, 1949. 245 p.
- Cavan, R. S. & others  
Personal adjustment in old age. Chicago, Science Research Associates, 1949. 204 p.
- Chamberlain, E. N.  
A text-book of medicine for nurses. 5th ed. London, Oxford Univ. Press, 1949.
- Clay-Adams Company, inc.  
Visual aids for the medical and allied sciences. New York, 1946-49. 1 v. (unpaged)
- Douglas, C. G. & Priestly, J. G.  
Human physiology; a practical course. 3d ed. Oxford, Clarendon Press, 1948. 258 p.
- Dublin, L. I. & others  
Length of life, a study of the life table. Rev. ed. New York, Ronald Press, 1949. 379 p.
- Fabricant, N. D.  
Headaches: what causes them; how to get relief. A medical book for the layman. New York, Farrar, Straus, 1949. 149 p.
- Foulkes, S. H.  
Introduction to group-analytic psychotherapy; studies in the social integration of individuals and groups. London, Heinemann, 1948. 181 p.
- Hamilton, Alice & Hardy, H. L.  
Industrial toxicology. 2d ed., rev. and enl. New York, Hoeber, 1949. 574 p.
- Hill, Harry & Dodsworth, E.  
Sanitary science notes; a handbook for students. 2d ed. London, H. K. Lewis, 1949. 135 p.
- James, M. T.  
The flies that cause myiasis in man. Washington, 1947. 175 p. (U.S. Dept. of Agriculture. Miscellaneous publication, no. 631)
- Kelly, E. D.  
Teaching posture and body mechanics. New York, Barnes, 1949. 212 p.
- Kemble, James  
Surgery for nurses; a text-book for the surgical nurse. Bristol, Wright, 1949. 348 p.
- Kenyon, J. H. & Russel, R. K.  
Healthy babies are happy babies; a complete handbook for modern mothers. 4th ed., completely rev. Boston, Little, Brown, 1949. 310 p.
- Kiely, Patrick  
Text-book of surgery. London, H. K. Lewis, 1949. 1184 p.
- Konopka, Gisela  
Therapeutic group work with children. Minneapolis, Univ. of Minnesota Press, 1949. 134 p.
- Lemkau, P. V.  
Mental hygiene in public health. 1st ed. New York, McGraw-Hill, 1949. 396 p.
- Menninger, W. C.  
Understanding yourself. Chicago, Science Research Associates, 1948, 1.e., 1949.
- Neter, Erwin  
Medical microbiology for nurses. Philadelphia, F. A. Davis, 1949. 470 p.
- O'Hara, F. J.  
Psychology and the nurse. 3d ed. Philadelphia, W. B. Saunders, 1949.



*Amold*

## ADMINISTRATIVE DIVISION

Following is a list of publications which are of particular interest to the Medical Department:

### DEPARTMENT OF THE ARMY SPECIAL REGULATIONS

SR No.	Subject	Date
40-590-20 C1	Medical Service, Report of Patients on Seriously Ill List	15 Nov 49
220-210-2	Field Organizations, Use of Explosives and Pyrotechnics in Public Demonstrations, Exhibitions and Celebrations	17 Nov 49
40-590-1 C1	Medical Service, Veterinary Meat and Hygiene - General	25 Nov 49

### MILITARY DISTRICT OF WASHINGTON MEMORANDA

Memo No.	Subject	Date
65	Insurance of Identification Cards to Personnel of the Organized Reserve Corps on Active Duty	10 Nov 49
66	Wearing of the Winter Uniform	29 Nov 49
67	Establishment Placed "Off Limits"	30 Nov 49

### MILITARY DISTRICT OF WASHINGTON CIRCULARS

Cir No.	Subject	Date
61	Section I - Requisitions for Enlisted Personnel	1 Nov 49
61	Section II - Release of Officer & Enlisted Personnel	1 Nov 49
62	Separation of Officers	4 Nov 49
63	Processing of Enlisted Men for Military Missions	7 Nov 49
64	Section I - Separation of Army Personnel at Air Force Installations	21 Nov 49
64	Section II - Efficiency Reports	21 Nov 49
65	Enlisted Efficiency Reports	28 Nov 49

### PUBLICATIONS ORIGINATED IN OFFICE OF SURGEON, MDW

ANWMC File No.	Subject	Date
721.6	Non-Effective Rate	1 Nov 49
701	Medical Follow-Up Card	7 Nov 49
701	Issuance of Prescriptions	10 Nov 49

